# L20000218682

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
G212 G212,13C1.
,
(030-4(1)28





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# **COVER LETTER**

TO:	Registration S Division of C			
SUBJ	ECT:	DISNERD (Name of Res	TRAVEL I	upany)
The en	nclosed Article ess Entity" into	s of Conversion, Artic	les of Organization, an	d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please	return all corre	spondence concerning	g this matter to:	
(	llsa Disner	(Contact Person)  2 Travel (Firm/Company)	LLC	
	TI2 010	(Address)	Circle#101	
<u>Win</u> <u>Je</u> E-n	esa a conail Address: (to b	en, FL 3c City, State and Zip Code) disneratrave e used for future annual rep	1.787  1. com  port notifications)	
For fu	rther information	on concerning this mat	ter, please call:	
	Name of Conta	Dilliams CI Person)	at ( <u>''(0''</u> ) <u>7</u> 5 (Area Code) (Day	time Telephone Number)
		or the following amou a bank located in the U		sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees _ r Conversion for Articles inization)	3155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	□\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Regist Divisi	ET ADDRESS ration Section on of Corporati n Building		MAILING A Registration S Division of C P. O. Box 631	Section orporations

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Conversion**

For

# "Other Business Entity"

Into

# Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045. Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles	s of Conversion	is:
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a LLC limited liebing.		
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)		
First organized, formed or incorporated under the laws of		
on 4 26 2019 (date of organization, formation or incorporation) (finter state, or if a non-U.S. entity, the n	ame of the country	)
3. The name of the Florida Limited Liability Company as set forth in the attached Articl	es of Organiza	tion:
Disnera Travel, LLC (Enter Name of Florida Limited Liability Company)		
(Enter Name of Florida Limited Liability Company)		
4. If not effective on the date of filing, enter the effective date: June 1, 2020. (The effective date: 1) cannot be prior to date of receipt or filed date nor more than date this document is filed by the Florida Department of State; AND 2) must be the state listed in the attached Articles of Organization, if an effective date is listed thereing the date inserted in this block does not meet the applicable statutory filing requirements, this date is document's effective date on the Department of State's records.	same as the effe	ective
5. The plan of conversion has been approved in accordance with all applicable statutes.		
<ol> <li>The "Converted or Other Business Entity" has agreed to pay any members having appraisal which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.</li> </ol>	_	nt to
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Page 1 of 2	- 1 3 3	- 
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Signed this day of	
Signature of Authorized Representative of Limi	
1	
Signature of Authorized Representative:	- Coch
Signature of Authorized Representative:  Printed Name: Leese Williams	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Printed Name: eesa wid.aus	
Signature:	1111 A - 10 A (- / A)
Printed Name:	Title:
Signature:	
Signature:	Title:
Signature:Printed Name:	-11-1
Printed Name:	
Signature:	
Signature:Printed Name:	_ Title:
Signature: Printed Name:	71.1
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	A 102
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
<u>Fees:</u>	
A	£3.5 (V)
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Disners Travel, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

14512 012 Cabernet Circle

#101

Winter Graces EL 34787

Winter Graces EL 34787

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Leesa Williams
Name

14512 OLD Cabarnet archet101

Florida street address (P.O. Box NOT acceptable)

Winter Garden Fl. 34787

City Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	Leesa Williams 14512 Old Caberal Cirle #101 Winter Gaden, FL 34787		
(Use attachment if necessary)	,		
CTICLE V: Effective date, if other than the an effective date is listed, the date must	e date of filing: () (OPTIONAL)  be specific and cannot be more than five business days pr		
or 90 days after the date of filing.) te: If the date inserted in this block does not meet	the applicable statutory filing requirements, this date will not be listed as 's records.		
or 90 days after the date of filing.)	the applicable statutory filing requirements, this date will not be listed as 's records.		
or 90 days after the date of filing.)  te: If the date inserted in this block does not meet cument's effective date on the Department of State'	the applicable statutory filing requirements, this date will not be listed as 's records.		

ARTICLE IV-

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)

Typed or printed name of signee